29493118800321

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990 (2018)

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<u>A</u>	F	or th	e 2018 calendar year, or tax year beginning JUL 1, 2018 and ending	<u>J</u> UN 30, 2019	
В	Ct ap	neck if	C Name of organization	D Employer identific	cation number
	X	Addre	RESTORATIVE SUSTICE COMMUNITY ACTION		
	X	Name		87-0	749129
		Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui 401 GROVELAND AVE 50	1 '	r 746-0780
		termir ated		G Gross receipts \$	221,183.
		Amen return	ded MINNEADOLIC MALESAGO	H(a) Is this a group re	
		Application	IF Name and address of principal officer. CINITIA PROSER	for subordinates	? Yes X No
_		penda	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
1				27 If "No," attach a	list. (see instructions)
			te: ► RJCA-INC.ORG	H(c) Group exemption	
				ar of formation: 2005 n	State of legal domicile: MN
			Summary	ON OF PICE TO	T TO COURT TAKE
	8	1	Briefly describe the organization's mission or most significant activities THE MISSI INDIVIDUAL GROWTH WHILE STRENGTHENING COMMUNITY		FOSTERING
	Governance	2	Check this box If the organization discontinued its operations or disposed of mo		
フ	ē	3	Number of voting members of the governing body (Part VI, line 1a)	-3	8
Č	3	4	Number of independent voting members of the governing body (Part VI, line 1b)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8
0	ğ		Total number of individuals employed in calendar year 2018 (Part V line 2a)	5	11
3	2	6	Total number of volunteers (estimate if necessary)		112
	Activities	7 a		· \~~\	0.
•	۲	b	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 38	100 / Tb	0.
,			Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 38 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
٠,	اه	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	43,764.	41,787.
:	Kevenue	9	Program service revenue (Part VIII, line 2g)	218,104.	166,080.
	Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3.	3.
- L	-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,962.	10,520.
<u>.</u>	4		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	256,909.	218,390.
-	-	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	600.	1,200.
É	١	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
7	s e		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	161,928.	180,365.
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 1,302.	0.	0.
	낆			65,522.	91,292.
			Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	228,050.	272,857.
۲				28,859.	-54,467.
>	i di			Beginning of Current Year	End of Year
Sets or	g	20	Total assets (Part X, line 16)	81,940.	42,138.
Ass			Total liabilities (Part X, line 26)	21,020.	35,685.
<u> </u>		22	Net assets or fund balances Subtract line 21 from line 20	60,920.	6,453.
X L	}aı	rtilli,	Signature Block		
J in	ıder	r pena	lties of perjury, I declare that I have Framined this return, including accompanying schedules and state	ments, and to the best of my	knowledge and belief, it is
— <u>tru</u>	10, (correc	t, and complete. Declaration of proparer (other than officer) is based on all information of which prepar	er has any knowledge.	In Inta
J			Samuel Jakoba Manush	<u> </u>	1/2/20/20
انگ	gn		Signature of officer DECOMPTION DEPOSITION DEPOSITION	Date	
4	ere	•	CYNTHIA PRÓSEK, EXECUTIVE DIRECTOR Type or print name and title		
⊋_				Date Check	PTIN
Pa	hi		Print/Type preparer's name Preparer's signature Preparer's sig	01/14/20 self-employe	
		rer	Firm's name WIPFLI LLP	Firm's EIN	39-0758449
	-	nly	Firm's address 1502 LONDON ROAD, SUITE 200	- FIRITS CIN	<u> </u>
•		,	DULUTH, MN 55812	Phone no 218	8.722.4705
Ma	ay i	the If	RS discuss this return with the preparer shown above? (see instructions)	[1 Hone Ho. 22 2	X Yes No
	_				

4 a	Other program services (Describe in Schedule O)							
	(Expenses \$	including grants of \$) (Revenue \$					
40	Total program conuce expenses	196 002						

OTHER ORGANIZATIONS AND AGENCIES TO ENGAGE RJCA AS A RESOURCE FOR

FISCAL YEAR, RJCA HELD 8 COMMUNITY CONVERSATIONS FOR A TOTAL OF 163

COHORT OF 6 LEAD THE CONVERSATIONS AS WELL AS DEVELOP OPPORTUNITIES FOR

LOCAL POLICE AGENCIES, SCHOOL STAFF, AND OTHERS.

A DIVERSE LEADERSHIP

PARTICIPANTS INCLUDE RESIDENTS ACROSS THE TWIN CITIES

PARTICIPATIONS.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_ X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If: "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV .	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18_		<u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 17 // "Yes." complete Schedule I, Parts I and II	21		<u> </u>

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_ X_
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			İ
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes." complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Ŗa	tv/ Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 10			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	8		
	(gambling) winnings to prize winners?	1c		<u> </u>
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					Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	1	التعرب معتا	1 7457	140
20	filed for the calendar year ending with or within the year covered by this return	2a	11	7 mm }		1
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined to the calculation of the calculati			2b	X	,
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			====	** **	- 54
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-,	•	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		itv over. a			
-	financial account in a foreign country (such as a bank account, secunties account, or other financial		-	4a		Х
b	If "Yes," enter the name of the foreign country		•	,	- 4	1 -
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	its (FBAR)		. ∤	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b_		X_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
d	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			-		<u>. </u>
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	į ·	1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		<u></u>		¥-
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the per			7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Fill the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received acontribution of cars, boats, airplanes, or other vehicles, did the organization received acontribution of cars, boats, airplanes, or other vehicles, did the organization received acontribution of cars, boats, airplanes, or other vehicles, did the organization received acontribution of cars, boats, airplanes, or other vehicles, did the organization received acontribution of cars, boats, airplanes, or other vehicles, did the organization received acontribution of cars, boats, airplanes, or other vehicles, did the organization received acontribution of cars, boats, airplanes, or other vehicles, did the organization received acontribution of cars, boats, airplanes, or other vehicles, did the organization received acontribution of cars, boats, airplanes, or other vehicles, did the organization received acontribution of cars, boats, airplanes, or other vehicles, did the organization received acontribution of cars, boats, airplanes, or other vehicles, did the organization received acontribution of cars, boats, airplanes, airpla			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining sponsoring organization have excess business holdings at any time during the year?	u by iii		8		
.g -	Sponsoring organizations maintaining donor advised funds.		• • •			. • •
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•	· •	9b		
10	Section 501(c)(7) organizations. Enter				,	~ ;
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b]		
11	Section 501(c)(12) organizations. Enter			ļ:		
а	Gross income from members or shareholders	11a],		' '
b	Gross income from other sources (Do not net amounts due or paid to other sources against					. !
	amounts due or received from them)	11b		ļ <u>.</u>		 4
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L	 ',		. 4.3.
13	Section 501(c)(29) qualified nonprofit health.insurance issuers					•]
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	1-	1 = -
	Note. See the instructions for additional information the organization must report on Schedule O			-		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1	١.		
	organization is licensed to issue qualified health plans	13b		. , l	t	. 53
	Enter the amount of reserves on hand	13c	1	44		X
	Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedula the agreement(s) of more than \$1,000,000 in remund		Or	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ะเสแบก	OI .	15		х
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt ותכפי	me?	16		X
	If "Yes," complete Form 4720, Schedule O		··· ·	1 4-FE	, 1,	7 7 3
				Form	990	(2018)

[Part VI] Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) ___ Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records CYNTHIA PROSEK - 612-746-0780 55403 GROVELAND AVE, NO. 50, MINNEAPOLIS MN 401

Form 990 (20	8) RESTORATIVE JUSTICE, COMMUNITY	ACTION	87-0749129	Page 7
PartiVII C	ompensation of Officers, Directors, Trustees, Key Employe	es, Highest	Compensated	

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

•					-		_
Section A.	Officers, Directors	, Trustees, Ke	y Employees	, and Highest Co	mpensated Em	ployees	

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons

Check this box if neither the organization no	or any related o	orga	nıza	tion	COII	pen	sate	ed any current officer, d	rector, or trustee	
. (A)	(B)							(D)	(E)	., (F)
Name and Title	Average	(do	not c	Pos	ition nore	l than c	ne	Reportable	Reportable	, Estimated
	hours per	box	, unle:	ss per	SON I	s both	an	compensation	compensation	amount of
•	week		$\overline{}$	l a d	1	17003		from	from related	other
	(list any	iscl						the organization ·	organizations (W-2/1099-MISC)	compensation from the
• •	hours for related	5	tee		٠,	sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	ruste	Itrus		ee '	mpen		/ (VV -2/1033-WIIGO)		and related
	below	daal t	ntrana	_	iold:m	st co	, 5			organizations
-	line)	Individual trustee or director	Institutional trustee	Officer	Key e	Highest compensated employee	Form			
(1) BONNIE, CHRISTENSEN	1.50	[
BOARD MEMBER AT LARGE		Х	_					0.	0.	0.
(2) CRIXELL SHELL	1.50					-	-			
BOARD MEMBER AT LARGE		X						, 0.	0.	0.
(3) DOMINIQUE JONES	1.50							٠,		_
BOARD MEMBER AT LARGE	<u> </u>	Х	٠٠.	L.,		Щ		0.	0.	0.
(4) AMY LEVAD	1.50							, ,	,,	,
-BOARD-MEMBER AT LARGE		X.				<u> </u>	·		0.	0.
(5) BĚTSY SCHOLLMEIER	1.50	x								•
BOARD CHAIR	1 50	X		X		_		0.	. 0.	0.
(6) CHELSEA FLAHERTY	1.50	٠,,		. ,						0
BOARD VICE CHAIR	1 50	X	\vdash	X				0.	0.	0.
(7) DOMINIQUE WOOTEN	1.50	x		x				o.	0.	0.
TREASURER (8) MARGO FRITZ	1.50	^	-	₽		\vdash		.0.		0.
SECRETARY	1.50	X		х	•			. 0.	0.	0.
(9) CYNTHIA PROSEK	40.00	-				<u> </u>				
EXECUTIVE DIRECTOR	40.00			х				55,584.	0.	6,327.
		_	\vdash					33,332.5		,
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Par	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)		
•	(A) Name and title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable		(F) Estimated
	•	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation		amount of
		week		Cer an	lo a o	recio	77005	lee)	- Irom I Irom relate			other
		(list any hours for	recto						the	organizations (W 2/1099-MIS		compensation
		related	9 o d	iee			sated		organization (W-2/1099-MISC)	(44 2/ 1099-14113	⁽⁾	from the organization
		organizations	ruster	l trus		, g	mpen		(***271033***********************************			and related
		below	Individual trustee or director	institutional trustee	<u>.</u>	Key employee	Highest compensated employee	, E				organizations
		line)	Indiv	instit	Officer	Key e	Hgh Page	Former				
											,	
							<u> </u>					
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				1			ŀ					
		<u> </u>	L	<u> </u>		L	<u> </u>	Ļ	E		0.	6,327.
	Sub-total						٠		55,584.		0.	0,341
	Total from continuation sheets to Part VI	I, Section A							55,584.		0.	6,327
	Total (add lines 1b and 1c) Total number of individuals (including but n	at limited to th		liot o	d ob		b	2 70		000 of roportable		0,327
2	compensation from the organization	ot iiriiitea to tri	ose	nste	u al	ove	;) WII	io re	ceived more than \$100,	۰۰ جر مارس		(
	compensation nom the organization				-					K - 1- 1-		Yes No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	orl	highest compensated er	nployee on		عبال خنبت العبن
	line 1a? If "Yes," complete Schedule J for s	uch individual									1	3 X
4	For any individual listed on line 1a, is the su	ım of reportabl	есс	mpe	ensa	tion	and	oth	ner compensation from t	he organization		
	and related organizations greater than \$150											4 X
5	Did any person listed on line 1a receive or a	ccrue comper	ısatı	on fi	rom	any	unre	elate	ed organization or individ	lual for services		
	rendered to the organization? If "Yes," com	plete Schedule	2 <i>J f</i>	or st	ıch ı	oe <i>r</i> s	on_					5 X
	tion B. Independent Contractors Complete this table for your five highest co	managed ind	lana	ndo	nt 00	ntre		ro th	and recovered more than	100 000 of comp	onesi	tion from
1	the organization. Report compensation for										Crigar	don nom
-	(A)				· <u>··</u>				(B)			(C)
	Name and business	address	N	INC	3				Description of s	ervices	С	compensation
												
										,		
								\dashv		r		
										, .		
								\exists		•		
		-						_				
								Ì				
2	Total number of independent contractors (ii	ncluding but no	ot lir	niter	d to	thos	e lis	ted	above) who received me	ore than		
£	\$100,000 of compensation from the organization					(; 24. – 21	
												000

87-0749129

46 /		Check if Schedule O contains a re	soonse (or note to any lin	e in this Part VIII			
7	• •	Circle II dollected O contains a re-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ا ت	4 -	- Coderated engages	14-1	<u> </u>	The state of the s			012 014
, Grants mounts		Federated campaigns	1a		A * * *	,		
旋급		Membership dues	1b			,		
	, c	Fundraising events	1c		•			
Gifts, Ilar Ai	d	Related organizations	1d		•	-		1
s, Bij	е	Government grants (contributions)	1e	•				
E G	f	All other contributions, gifts, grants, and					,	
至		similar amounts not included above	1f	41,787.				
₽₽		Noncash contributions included in lines 1a-1f \$						
Contributions, Gift and Other Similar	· h	Total. Add lines 1a-1f			41,787.	<u>-</u>		
		Total Floor most rain		Business Code			· ·	4.1
	2 a	YOUTH SERVICES		624100	83,221.	83,221.		
ice	2 a	A DITTEM: CENTIL OF C		624100	82,859.	82,859.		
e er	b	ADOUT SERVICES		024100	02,039.	02,039.		
n S	_ C	. <u>-</u>			· · · · · · · · · · · · · · · · · · ·		<u> </u>	
ran	d							
Program Service Revenue	е							
مَ	f	All other program service revenue					<u></u>	
	g	Total. Add lines 2a-2f			166,080.	,		
	3	Investment income (including dividend	ds, intere	st, and				
		other similar amounts)		•	3.			3.
	4	Income from investment of tax-exemp	t bond p	roceeds >				
	5	Royalties		•				· · · · · · · · · · · · · · · · · · ·
-	٠.	-	Real	(II) Personal	·	 · · ·	. , ,	
	6.	<u> </u>	icui	(ii) i cisoriai		,	. ,	
٦	6 a		 _				* ,4 .	**
		Less: rental expenses	*	· · · · · · · · · · · · · · · · · · ·	n	to	~ =	1 mg 1 mg 2 mg
		Rental income or (loss)	-	<u> </u>				
			<i>:</i>	<u> </u>		,	1-41 . 3	· · · · · · · · · · · · · · · · · · ·
	7 a	Gross amount from sales of (i) Se	cunties	(II) Other =				1 N .
		assets other than inventory					, S. S. J.	,
	b	Less: cost or other basis			iv,			
		and sales expenses			•	~	, -	,
	С	Gain or (loss)						, , , , , , , , , , , , , , , , , , , ,
	d	Net gain or (loss)		•			F	
		Gross income from fundraising events	(not		•			
Jue			of ,	<u> </u> `			,	,
ver		contributions reported on line 1c). See		•				-
He.			-	13;313:			,	
Other Revenu			. a	2,793.		•		· ·
₹		Less. direct expenses			10,520.			10,520.
_		Net income or (loss) from fundraising		> _	10,520.			10,540.
	9 a	Gross income from gaming activities.	See			•		
		PartilV, line 19	а		್ಯಾಸ್ತ್ರಾ ಕ್ಷಮ್ಮಿಕ್ಕ		ا د حد	
		Less. direct expenses	b	L			·	
		Net income or (loss) from gaming acti	vities					
	10 a	Gross sales of inventory, less returns	-		•		·	
		and allowances	а			,		
	ь	Less cost of goods sold	b					,
		Net income or (loss) from sales of inve						· · · · · · · · · · · · · · · · · · ·
		Miscellaneous Revenue		Business Code	and the contraction of the contr	tempters on the count	Popular and a company	್ತಿ ಎಕ್ಕೋ ಪಿಸ್ ಪಾರ್ಯದ
	11 a					· · · · · · · · · · · · · · · · ·		
	b							
	С						_	
	d	All other revenue		L				
		Total. Add lines 11a-11d		>	210 200	166 000		10 502
	12	Total revenue See instructions			218,390.	166,080.	0.	10,523.
	9 12-31	10						Form 990 (2018

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX (B) (A) Do not include amounts reported on lines 6b, Total expenses Program service Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,200. 1,200. individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 61,911. 37,146 24,765. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 97,714. 87,943. 9,771. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,930. 6,612. 8,542. 9 Other employee benefits 12,198. 7,319. 4,879. 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal 8,116. 8,116. c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 49,223. 47,992. 1,231 column (A) amount, list line 11g expenses on Sch O.) 3,799. 3,799. Advertising and promotion 12 2,904. 1,627. 1,016. 261. Office expenses 13 5,203. 975. 6,503. 325. 14 Information technology 15 Royalties 10,376. 1,793. 12,810. 641. 16 Occupancy 1,062. 1,020. 42. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 75. 1,877. 1.464. 338. 19 Conferences, conventions, and meetings 1,005. 1,005. 20 Interest 21 Payments to affiliates 2,457 2,457 Depreciation, depletion, and amortization 22 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 123.70 286. 114 172 DUES AND SUBSCRIPTIONS MN ANNUAL REPORT FEE 25. 25. С d 1,225. 1,225. e All other expenses 272,857. 196,002. 75,553. 1,302. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)

real	<u> </u>	Dalance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non interest-bearing	53,822.	1	13,371.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	15,000.	3	10,912.
	4	Accounts receivable, net	650.	4_	_3,255.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			. ""6;3
		employers and sponsoring organizations of section 501(c)(9) voluntary			, ,
v,		employees' beneficiary organizations (see instr). Complete Part II of Sch L.		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,639.	9	7,228.
		Land, buildings, and equipment cost or other			
			, [
	ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 14,342 6,970	9,829.	10c	7,372.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	81,940.	16	42,138.
	17	Accounts payable and accrued expenses	21,020.	17	35,685.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	-
w	22	Loans and other payables to current and former officers, directors, trustees,			-
iţ		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
ڐ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	21,020.	26	35,685.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
Ś		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	27,170.	27	-3,458.
<u>a</u>	28	Temporarily restricted net assets	33,750.	28	9,911.
B B	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here			
ř		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ž.	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	60,920.	33	6,453.
	34_	Total liabilities and net assets/fund balances	81,940.	34	42,138.

Forn	990 (2018) RESTORATIVE JUSTICE COMMUNITY ACTION	87-074	19129	Page 12
ĮΡą	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
	,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,3 <u>90.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,857.
3	Revenue less expenses Subtract line 2 from line 1	3		,467.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60	,920.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	ĺ		
	column (B))	10	6	<u>,453.</u>
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u></u>
			\	res No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		76. 2	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C)		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			<i>t</i> ≥
b	Were the organization's financial statements audited by an independent accountant?	,	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	1 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	Jule O		1
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Linspection

Name of the organization Employer identification number 87-0749129 RESTORATIVE JUSTICE COMMUNITY ACTION Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	79,428.	15,104.	93,604.	43,764.	41,787.	273,687.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	79,428.	15,104.	93,604.	43,764.	41,787.	273,687.
5	The portion of total contributions	1 7 7 7 17	* * * * * * * * * * * * * * * * * * *	1 3 3 7 5 5		4.	
	by each person (other than a		4	9.64			
	governmental unit or publicly				ha .	1	
	supported organization) included	1 Sept 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	on line 1 that exceeds 2% of the			South The State of the State of	38		
	amount shown on line 11,			gram and a	ا به او مواجع ا او او		
	column (f)	النيغ بستام أحريثا	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			الأنت أنت المراهد	
6_	Public support. Subtract line 5 from line 4	العند فناقد الأ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	が開発している。		* ** * 3 , * ** **	273,687.
Sec	ction B. Total Support						
Cale	ndar year (or físcal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	79,428.	15,104.	93,604.	43,764.	41,787.	273,687.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		3.	2.	3.	3.	11.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						<u> </u>
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	En al section	1 10 11 11		Line Line	4- 11-12	273,698.
12	Gross receipts from related activities,	etc (see instruction	ns) .	• •		12	865,064.
13	First five years. If the Form 990 is for	•	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
Cár	organization, check this box and stor	- A	contono				
	tion C. Computation of Publi	 -					100 00
	Public support percentage for 2018 (I		•	olumn (f))			100.00 %
	Public support percentage from 2017	•	•				100.00 %
16a	33 1/3% support test - 2018. If the c	•		line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		•				► X
b	33 1/3% support test - 2017. If the c	-			line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	•	=				
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac				•	τ vi now the organ	ization
_	meets the "facts-and-circumstances"	-	•	•	=	7a and 1 - 45 - 1	
b	10% -facts-and-circumstances test	•					
	more, and if the organization meets the						
40	organization meets the "facts-and-circ		-			•	
iβ	Private foundation. If the organization	п ото пот спеск а г	JUX UN line 13, 168	i, 100, 17a, 01 17b		dule A (Form 990	

	rtilli Support Schedule for C)rganizations	Described in S	Section 509(a)	(2)	07-079	9129 Page 3
٠٠٠	(Complete only if you checked					Part II. If the organi	ration fails to
•	qualify under the tests listed b			organization laneu	to quality dilucit	art ii ii iiie organiz	Zation fails to
Sec	ction A. Public Support	clow, picase comp	Siete Fait II.)				/
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		(5) 53 15	(0)	(4) = 4.1.	1 197 2 2	
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the					/	
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities	_					
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				/		
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		•				
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				<i>Y</i>		
_	amount on line 13 for the year Add lines 7a and 7b		<u> </u>	/			
	Public support. (Subtract line 7c from line 6)			/			
	etion B. Total Support	<u> </u>				1	·
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
			1-1	1979	· · · · · · · · · · · · · · · · · · ·	10/	17.512
9	Amounts from line 6		-	/		·	1
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					· · · · · · · · · · · · · · · · · · ·	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses		/				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
10a b	Gross income from interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital.						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
10a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.)	-				501/0/(2) 000000	
10a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here		<u>/_</u>	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
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10a b c 11 12 13 14 Sec 15 16 Sec 17	Gross income from interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public Public support percentage from 2017.	c Support Per ine 8, column (f)/d Schedule A, Part tment Income 118 (line 10c/colur	centage livided by line 13, of the line 15 Percentage mn (f), divided by line	column (f))	ax year as a sectio	15	%
10a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for check this box and stop here. Stion C. Computation of Public Public support percentage for 2018 (in Public support percentage from 2017 stion D. Computation of Investion D. Computation of Investinest income percentage for 2018 (in Public support percentage for 2018).	c Support Per ine 8, column (f) d Schedule A, Part trment Income 018 (line 10c/colur 2017 Schedule A,	centage livided by line 13, of lill, line 15 e Percentage mn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	% % %
10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Gross income from interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public Public support percentage from 2017. Stion D. Computation of Investment income percentage from 23 1/3% support tests - 2018. If the more than 33 1/3%, check this box and stop still be more than 33 1/3%, check this box and stop still be more than 33 1/3%, check this box and stop still be more than 33 1/3%, check this box and stop still be more than 33 1/3%, check this box and stop still be more than 33 1/3%, check this box and stop still be more than 33 1/3%, check this box and stop still be more than 33 1/3%, check this box and stop still be support tests - 2018. If the	c Support Per ine 8, column (f)/d Schedule A, Part tment Income 18 (line 10c/colur 2017 Schedule A, organization did n nd stop here. The	centage livided by line 13, of the line 15 Percentage mn (f), divided by line 17 not check the box organization quality.	ne 13, column (f)) on line 14, and line	e 15 is more than 3 supported organiza	15 16 17 18 33 1/3%, and line 1	% % % 7 is not
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Schedule A (Form 990 or 990-EZ) 2018 RESTORATIVE JUSTICE COMMUNITY ACTION

PartelV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type i or Type ii only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	edule A (Form 990 or 990 EZ) 2018 RESTORATIVE JUSTICE COM			7-0749129 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov 20, 1970 (explain in P	art VI) See instructions. Al
_	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_ 1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6	·	
7	Other expenses (see instructions) -	. 7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1, 7		1
_	instructions for short tax year or assets held for part of year)	F		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
_ d	Total (add lines 1a, 1b, and 1c)	1d	-	
е	Discount claimed for blockage or other	1		A STATE OF THE PARTY AND THE P
	factors (explain in detail in Part VI).	بيد (فد	المارية المراجعية ال	
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3 -	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4_	·	
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		•
Sect	ion C - Distributable Amount		1	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	The man of the party of the par	
_2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	learner age	,
_4	Enter greater of line 2 or line 3	4	1 1 1 1	
5	Income tax imposed in prior year	5	1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			'
_	emergency temporary reduction (see instructions)	6_	است	
7	Check here if the current year is the organization's first as a non-functional	ly integra	ited Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions),

Sche Par	dule A (Form 990 or 990 EZ) 2018 RESTORATIVE J	USTICE COMMUNIT (a)(3) Supporting Orga		7-0749129 Pa	age 7
Sect	on D - Distributions	<u> </u>	(continued)	Current Year	
1	Amounts paid to supported organizations to accomplish exer	mot purposes		Ourient real	
2	Amounts paid to supported organizations to accomplish exemp				
2	, , ,				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es or supported organizations	5		
4_	Amounts paid to acquire exempt-use assets				
5	Qualified set aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7_	Total annual distributions. Add lines 1 through 6	· · · · · · · · · · · · · · · · · · ·			
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI) See instructions				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	8
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reason-				
	able cause required explain in Part VI). See instructions				
3	Excess distributions carryover, if any, to 2018				
a	From 2013		•	1	
b	From 2014		**************************************		
	From 2015				
	From 2016		<u> </u>		
	From 2017				
	Total of lines 3a through e				
	Applied to underdistributions of prior years	,			
	Applied to 2018 distributable amount				
	Carryover from 2013 not applied (see instructions)				
- 					
	Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D,	'	<u> </u>	ļ	
4	• • •]
	line 7 \$				-
	Applied to underdistributions of prior years Applied to 2018 distributable amount			The part of the second	<u> </u>
	Applied to 2010 distributable amount	<u>'</u>			
<u>_</u>	Remainder Subtract lines 4a and 4b from 4	6 h h		 	
5	Remaining underdistributions for years prior to 2018, if				
	any Subtract lines 3g and 4a from line 2 For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2018 Subtract lines 3h			_	
	and 4b from line 1 For result greater than zero, explain in				v
	Part VI See instructions.			ļ, .	
7	Excess distributions carryover to 2019. Add lines 3j			1	
	and 4c				
8	Breakdown of line 7	· · · · · · · · · · · · · · · · · · ·			
а	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990 EZ) 2018 RESTORATIVE JUSTICE	E COMMUNITY ACT	10N 87-0749129 Page 8
Party	Supplemental Information. Provide the explanations received IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 2	 a, 11b, and 11c; Part IV, Sect 	ion B, lines 1 and 2, Part IV, Section C,
•	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and (See instructions)	d 6 Also complete this part fo	r any additional information
<u> </u>			
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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

RESTORATIVE THISTICE COMMINITOR ACTION

Employer identification number 87-0749129

IPa	大型 Organizations Maintaining Donor Advised		or Accounts. Complete if the
			Complete it the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	<u></u>	(a) Donor advised failes	(b) i dias and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		· · · · · · · · · · · · · · · · · · ·
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year .		
5	Did the organization inform all donors and donor advisors in w	-	
_	are the organization's property, subject to the organization's e	-	. L Yes L No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
DD Si	impermissible private benefit?		Yes No
Pai	 		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	• •	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structi	L JO
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		_
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it l	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con-	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	ition easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
1:5	conservation easements	4 i i i i i i i i i i i i i i i i i i i	
Rai	Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furthera	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edit	ucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	•	> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea-	sures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		▶ \$

		TIVE JUSTI							49129	
₩ <u>a</u>	rtillia Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	asures, o	r Other	Simila	r Assets	(continu	ed)
3.	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the f	following tha	it are a sig	nificant u	use of its c	ollection it	ems
	(check all that apply)									
а	Public exhibition	ď	ı 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	€	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizati	on's exem	pt purpo	se in Part	XIII	
5	During the year, did the organization solicit of	or receive donations of	of art, hi	storical treas	sures, or oth	er sımılar a	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Rai	Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered	"Yes" on I	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for	contributions	s or other as	sets not ir	cluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year			-			1e			
f	Ending balance .						1f			
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	istodial acco	ount liabilit	y?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII									<u> </u>
Hai	Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	m 990, Par					
		(a) Current year	(b) f	Prior <u>year</u>	(c) Two yea	ars back (d) Three y	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses			 :						
d	Grants or scholarships									
е	Other expenditures for facilities				}	1				
	and programs					-				
f	Administrative expenses .									
g	End of year balance				<u></u>					
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ition tha	it are held an	nd administe	red for the	organiza	ation	<u></u>	
	by									es No
	(i) unrelated organizations				•				3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•					••		3b	
4 (Dás	Describe in Part XIII the intended uses of the		wment f	funds						
r at	Land, Buildings, and Equipm				- C 000		40			
	Complete if the organization answere	T						· · · · · · · ·		
	Description of property	(a) Cost or o		` '	or other	, , ,	cumulate		(d) Book v	/alue
		basis (investr	ilent)	basis	(Oli lei)	-	reciation			
	Land	· 								
	Buildings									
	Leasehold improvements			 	2,056.	 	2,05	56		0.
	Equipment	-			$\frac{2,036}{2,286}$	 -	4,9		י	,372.
	Other		V ==1:				- ,,,			,372.
i otal	. Add lines 1a through 1e (Column (d) must e	uuai Form 990. Part .	A. COIUN	<u>ırı ıbı. Iine 10</u>	16.1					, , , , ,

Schedule D (Form 990) 2018

Complete if the organization answered Tes on Form 990, Fart	. IV, line The or Thi See For	711 990, Part A, line 25
1. (a) Description of liability	(b) Book value	· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes		
(2)		
(3)		The same of the same of the same of
(4)		
(5)		
(6)		
(7)		A STATE OF THE STA
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.)	>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2018 RESTORATIVE JUSTICE				age 4
Ed	张谱 Reconciliation of Revenue per Audited Financi		its with nevenue pe	r neturn.	
	Complete if the organization answered "Yes" on Form 990, Pa			 	
1	Total revenue, gains, and other support per audited financial stateme	ents		ी १७७७	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains (losses) on investments		2a		
b	Donated services and use of facilities		2b		
С	Recoveries of prior year grants		_2c		
d	Other (Describe in Part XIII)	•	_2d		
е	Add lines 2a through 2d	••		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		4a		
þ	Other (Describe in Part XIII)	-	4b		
С	Add lines 4a and 4b	•		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I.	line 12.)		5	
Pa	TIXIII Reconciliation of Expenses per Audited Finance	ial Stateme	nts With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.			
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities		2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII)		2d_		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	4a		
b	Other (Describe in Part XIII)	•	4b		
	Add lines 4a and 4b	•		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part	I line 18)		5	
	t XIII Supplemental Information.	7. M.G. 1 G.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4; Part I	V, lines 1b and 2b; Part V,	line 4, Part X, line 2, Part XI,	
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro				
		•			
					
				······································	
					
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Schedule D (Form 990) 2018

** SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Name of the organization RESTORATIVE JUSTICE COMMUNITY ACTION Employer identification number 87-0749129

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESTORATIVE JUSTICE PRACTICES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
2019, 221 ADULT OFFENDERS ENROLLED IN RJCA (A 55.8% DECREASE FROM LAST
YEAR-A RESULT OF A COMPLETED 2018 GOVERNMENT CONTRACT BY APRIL 2018.
THAT CONTRACT WAS TRIPLED IN 2019 BUT 2/3 CASES ARE ENROLLING IN FY20,
STARTING JULY 1, 2019, WHICH WILL RETURN ADULT CASE NUMBERS TO 400 IN
FY20), 214 CASES WERE CONFERENCED (97% ATTENDANCE RATE), AND 190
SUCCESSFULLY COMPLETED THE PROGRAM WHO WERE CONFERENCED (88.7% SUCCESS
RATE). REFERRED PARTICIPANTS COMPLETED 1,514 HOURS OF COMMUNITY
SERVICE, GAVE 76 APOLOGIES AND DONATED \$1,200 AND 96 BAGS/ITEMS OF
IN-KIND DONATIONS IN THE COMMUNITIES THAT WERE AFFECTED. THEY ALSO
COMPLETED 219 PERSONAL DEVELOPMENT ACTIVITIES SUCH AS WORKING ON
EDUCATION (GED) OR WRITING REFLECTION ESSAYS. THIS YEAR, 281 COMMUNITY
MEMBER PARTICIPATIONS AND 63 TRAINED VOLUNTEER FACILITATIONS OCCURRED
BY 80 VOLUNTEERS WHO MET FACE-TO-FACE DURING CONFERENCES IN FY19
(VOLUNTEERS ARE COUNTED DURING YEAR OF SERVICE. CASES ARE EVALUATED
WHEN CLOSED DURING FY19).
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
IN FY 19. ONE DIRECT VICTIM PARTICIPATED WITH THEIR YOUTH OFFENDER.
ALONG WITH THE REFERRED YOUTH, 95 FAMILY MEMBERS AND SUPPORTERS MET
FACE-TO-FACE WITH COMMUNITY MEMBERS AT THE CONFERENCES HELD IN FY19
(FAMILY MEMBERS AND VOLUNTEERS ARE COUNTED DURING YEAR OF CONFERENCE.
CASES ARE EVALUATED WHEN CLOSED DURING FY 19).

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Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization Employer identification number RESTORATIVE JUSTICE COMMUNITY ACTION 87-0749129 FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: IMPLICIT BIAS AWARENESS. IN FY19, RJCA BEGAN AN INCUBATOR FOR 3 PRACTITIONERS OF COLOR WHO PROVIDED SERVICES AND DEVELOPED THEIR PERSONAL AND PROFESSIONAL SKILLS. FORM 990, PART VI, SECTION B, LINE 11B: AN ELECTRONIC COPY OF THE COMPLETED FORM 990 IS PROVIDED TO MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING. THE BOARD VOTES TO APPROVE AND FILE THE FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY COVERS ALL OFFICERS, EMPLOYEES, AND DIRECTORS OF THE ORGANIZATION. THE ORGANIZATION HAS A POLICY THAT IS MONITORED ANNUALLY THAT DEFINES WHAT CONFLICTS ARE CONSIDERED. IF THERE IS A CONFLICT, THE RESPONSIBLE PERSON IS TO REPORT THE POSSIBLE CONFLICT TO THE BOARD OF DIRECTORS. THE BOARD THEN DETERMINES IF A CONFLICT DOES EXIST. ANY RESPONSIBLE PERSON IS NOT ALLOWED TO PARTICIPATE IN DISCUSSION OR VOTING ON THE MATTER. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS ADJUSTS THE COMPENSATION OF ALL OFFICERS AND KEY EMPLOYEES ANNUALLY BASED ON REVIEW OF HIS OR HER PERFORMANCE EVALUATION. THE BOARD OF DIRECTORS ALSO USES THE MINNESOTA COUNCIL OF NONPROFITS ANNUAL SALARY SURVEY AS A GUIDE IN DETERMINING FAIR AND EQUITABLE COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: A REQUEST FOR INFORMATION CAN BE MADE BY MAIL, EMAIL OR PHONE. DOCUMENTS